

HEALTH FACILITY COMMITTEE MEETING
Cannon Health Building, Room 114
9:00 a.m., May 19, 2000

Members Present: Kathleen Fitzgerald; Kathy Siskin; Glade Bigler; Paul Clayton; Travis Jackman; Steve Bateman; Gayle Morowitz; Timothy Thomas; and Joyce Wanta.

Members Excused: Steven Anderson; Lou Ann Jorgensen

Members Absent: Helen Rollins; Leora Medina

Staff: Debra Wynkoop; David Eagar; Joel Hoffman; Wendee Pippy; Donna Riley; Pennie Knudson and Joan Isom.

The meeting was called to order at 9:14 a.m.

1. **Welcome :**

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2. **March 24, 2000, Minutes:**

Dr. Clayton amended the minutes to read Ambulatory Health Care as the title on page 11, section B, instead of Ambulatory Surgical Centers. Ms. Siskin amended the spelling of West Minister to Westminster on page four under the heading, "Update on Nurse Leadership Sub-Committee".

3. **Licensure Actions/Sanctions :**

David Eagar reported on the Licensure Sanctions/Actions for the Southern Region and the Dixie Region.

Ms. Morawetz asked Mr. Eagar to clarify the Lynn Robbins Licensure Sanctions/Actions. Ms. Wynkoop explained the pre-hearing process. Ms. Siskin questioned whether there were still patients at the Lynn Robbins facility. Ms. Wanta questioned how the Bureau protects the patients. Mr. Eagar explained that the patients had all been discharged and that Ms. Robbins is appealing the revocation action. Joel Hoffman reported on the Licensure Sanctions/Actions for the Central/Northern Region.

(See attached chart on License Sanctions/Actions.)

4. Sub-Committee Reports:

a. Assisted Living:

Ms. Siskin stated that the sub-committee had met several times and that they had not come to a consensus. She explained the changes on the proposed Assisted Living rule. (see attached)

Ms. Morawetz stated that her aunt had lived in an assisted living facility, but had since been moved to a nursing care facility. She stated that since her aunt had been moved her health had improved. She felt like the assisted living facility was not equipped to take care of her aunt's health condition and that she should have been moved to the nursing care facility sooner.

Ms. Siskin stated that the surveyors report that some residents have been inappropriately admitted or retained. She commented that there are so many assisted living facilities that there is becoming a "heads and beds" situation and that maybe the facilities are keeping the residents too long. She stated that we need to define "age in place" because there are so many residents that need more care than the assisted living facility can provide.

Ms Siskin questioned whether "age in place" could be defined. Ms. Wynkoop explained that "age in place" could be defined, but legal counsel could have some issues with it. Ms. Wynkoop explained that this becomes an issue of "managed risk" and some of the legislator's feel like "individuals and families should be free to manage their own risk."

Joan Gallegos, Utah Health Care Association, questioned what type of patients would be eligible for the secured unit. Ms. Siskin explained that they had been defined as early stage dementia or early alzheimers.

Heather Zigliara questioned what the difference between the assisted living secured unit and the nursing care facility secured unit?

Ms. Siskin explained that the admission criteria for the secured unit in an assisted living facility, are residents that have early stage alzheimer and/or dementia, however the level of assistance would not require 24-hour nursing. Each unit would have its own dedicated staff.

Ms. Morawetz questioned if this would be an additional expense. Ms. Siskin stated that there will be additional expenses, which would be passed on to the consumer. Ms. Morawetz stated that she did not understand how an alzheimer resident could survive in an assisted living facility. Ms. Siskin replied that with a secured unit and a staff dedicated to the unit, they could deal with the wandering issues, however that these residents cannot exhibit the behavioral issues associated with Alzheimers/dementia.

b. Ambulatory Surgical Centers:

Dr. Clayton reported that the Ambulatory Surgical Sub-Committee had met one time and had come to a consensus on the first eight lines of the proposed rule change. He explained that the Utah Society of Anesthesiologists is drafting a proposed substitute rule. The next meeting will be scheduled after the sub committee reviews the proposal. Mr. Bateman questioned Dr. Clayton about the attendance of the sub-committee and Dr. Clayton replied that several of the

members had not been able to attend. Dr. Clayton expressed that the sub-committee could not be effective if all of the member's voices are not present.

5. CNA/HHA Certification – Proposal for Rule Change:

Ms. Wynkoop explained the proposed rule change, which had been submitted by the Utah Health Technology Certification Center. She stated that she had spoken to members of each of the associations and there is a consensus that a 16 year old CNA could work in a nursing care facility, but the CNA had to be 18 years old to work in an assisted living facility, a home health agency or hospice agency. Ms. Gallegos questioned whether the nursing care facility rules had been affected by the proposed change. Ms. Wynkoop replied that no change is required in the nursing care facility rules.

Ms. Siskin made a motion to approve the rules. Ms. Fitzgerald seconded. The **MOTION PASSED** unanimously.

6. End of Life Care – Update:

Ms. Wynkoop reported that Mr. Doug Springmeyer, Legal Counsel, Utah Department of Health, will chair a subcommittee with members of the Utah Health Care Association, Hospital Association and the Medical Association, Mr. Bigler and Ms. Rollins will represent the Health Facility Committee. The committee will review the Probate Code to see if the code could be consolidated four documents to one. Ms. Wynkoop reported that this requires a statutory change, so consequently there will need to be legislation.

7. Other Business:

- a. Ms. Wynkoop reported that the Utah Assisted Living Association had just held their annual conference and that 22 of the 124 assisted living facilities were presented with Certificates of Excellence. Mr. Bateman questioned how this information is distributed to the public? Ms. Wynkoop explained that the information is on the Internet or is available through the Area Agencies on Aging and the Bureau.

Mr. Bateman inquired whether the assisted living facilities had received deemed status? Ms. Wynkoop replied that none of the Assisted Living facilities had requested or received deemed status, but that CARF and JCAHO had just published their accreditation standards. Ms. Wynkoop reported on accreditation costs.

Mr. Bateman inquired as to the financial status of the assisted living industry? Ms. Siskin replied that she thought that the industry was struggling to fill the available beds and stay financially solvent. Mr. Bateman inquired if any of the assisted living facilities have failed financially? Mr. Eagar reported that one facility in Richfield had closed due to financial solvency, but others had changed ownership.

Ms. Morawetz requested that an article be placed in the newspaper describing the assisted living report card and referencing the information available on the web page. Ms. Siskin requested that the skilled nursing facilities, etc. also be included

in the report. Ms. Wynkoop stated that she would contact Steve McDonald, public information officer.

- b. Ms. Siskin questioned the status of the Medicaid pilot program. Ms. Wynkoop explained that this program was up and running and that she would invite Don Fennimore, the project coordinator, to come and give the Health Facility Committee a report on the program.
- c. Joan Gallegos, Utah Health Care Association, stated that the Utah Health Care Association would be promoting on KTVX, "How consumers choose a Nursing Care Facility." UHCA has pamphlets for consumers.
- d. Mr. Bateman reported that when a hospital goes through an Accreditation survey, the hospital is required to post a notice in the newspaper and in the hospital. He questioned whether other health care facilities were required to post their surveys? Ms. Wynkoop responded that other facilities are not required to post their survey results.
- e. Val Bateman, Utah Medical Association, questioned who is watching financial and staffing ratios in the assisted living facilities? Ms Wynkoop explained that in the Bureau of Licensing rules as part of the application process, we may request that the facility produce documentation that they have adequate funds for food, staffing, and laundry services. Ms. Siskin reported the Staff-to-Ratio sub-committee has disbanded pending further national study. Ms. Wynkoop reported that Arkansas had recently passed a law requiring nursing care facilities to post the number of staff present in the facility each day, so consumers can see the number of staff which is present to cover the patient needs.
- f. Ms. Wanta reported that when her husband was discharged from a hospital, they received a booklet identifying nursing care/assisted living facilities. She suggested that a section on "How to choose a nursing care facility/assisted living facility" be added to help patients who require additional services. Ms. Wynkoop replied that perhaps Mr. Murray, Utah Hospital Association, and the Bureau could work together to provide training for the hospital discharge planners and invite different associations to present their information.

8. Report on Nursing Issues in Health Care :

Kevin Martin, Director of Patient Care Services, Shriner's Hospital, was the co-chairperson for a sub-committee of the Nursing Leadership Forum to address concerns of recruitment and retention of competent nursing staff. Sub committee discussion items included:

- 1) Minimum licenses to requirement for nurses;
- 2) Statistics on conditional licenses and the reasons for sanctions;
- 3) Deficiency data;
- 4) Nurse delegation;
- 5) Nurse recruitment/availability;

- 6) “Certificate of Need”, impact on staffing requirements;
- 7) Do nurses need to redefine themselves and their jobs.

Mr. Martin reported that nationally in the next 10-15 years, there will be 300,000 – 400,000 empty nursing positions, due to the fact that the average age of nursing personnel is in the mid forties, decreased enrollment in nursing schools across the country and the lack of faculty to replace those nurses who are retiring.

The sub-committee felt like the nursing shortage problem does not affect the acute care facilities as much as it affects the sub-acute facilities, long-term care facilities and assisted living facilities. He reported that there is confusion among the lay public about whether they are being cared for by a nurse, a nurse’s aide or some other unlicensed personnel. He stated that the misconception that nurses are not competent may be in reality that they probably are not nurses. Mr. Martin reported that the committee reviews the CNA curriculum. He stated that it is very confusing as to what an aide should be doing since additional tasks have been delegated and written into their job descriptions. Susan Lewson, DATC, stated that a CNA does not have the scientific training and background to perform some of the delegated tasks.

Mr. Martin explained the top five “Quality of Care” deficiencies as; 1) Resident assessment; 2) Staff qualifications and training; 3) Incomplete orientation; 4) Medications and administration; and 5) Inappropriate level of care. The committee recommended 14 areas of improvement. (See attached)

Ms. Wynkoop reported that even though there are 20,000 nurses, we need to increase the number of nurses being educated. We are not training enough nurses to keep up with the need.

Mr. Martin reported that the ANA panel reviewed nurse to patient ratios, however to ensure adequate staff the number should reflect the overall flow of activity for patient care. Ratios would be based on the complexity of the care as; 1) Precipitating events; 2) Episode of care; 3) Intensity of care; 4) Volume and transactional issues, etc. Any combination of these issues would be the foundation for determining staffing.

Ms. Siskin questioned whether nurses understand the “delegation” rule and “completion of assessment,”? Mr. Martin explained that nurses are taught their responsibilities as licensed nurses, but each facility wants the nurses to delegate differently. Since Utah does not have specific guidelines and tasks, we have to teach nurses accountability for unlicensed staff. Ms. Siskin questioned Mr. Martin if he was recommending that the Nurse Practice act be more specific? Mr. Martin replied, “Yes.” Ms. Wynkoop recommended that the Bureau could encourage the Director of Nurses of health facilities to provide an in-service training on “nurse delegation”. Ms. Fitzgerald commented that the nurse delegation practices have been listed in the UNA magazine.

Ms. Morawetz and Ms. Wanta stated their concerns about the nurse shortage, and waiting lists for students to enter nursing programs. Many of the universities have been forced to cut programs due to budget restraints.

9. Newborn Hearing Screening :

Ms. Wynkoop reported that in 1999, there had been 47,000 live births in Utah, 43,500 had newborn hearing screenings and 900 of those were identified with a hearing loss. Screening records are sent electronically. All hospitals are required to provide the newborn hearing screening and that there are five state audiologists that work in the rural areas. Mr. Bateman questioned who pays for the audiologists? Ms. Wynkoop stated that program is in the Division of Community and Family Health Services, Children with Special Health Needs. The cost of screening is absorbed by three sources; 1) Medicaid; 2) 3rd party insurers and; 3) the hospital. Mr. Bateman stated that the insurance companies are not reimbursing the hospitals. Mr. Val Bateman, Utah Medical Association, stated that when the legislation passed requiring the mandatory hearing screening for newborns, it had been intended that insurance companies pay for this screening, but this has not happened.

Mr. Steve Bateman reported that insurance companies on a negotiated rate reimburse maternity care and there is no direct linkage between individual service codes. Newborn hearing screening has been mandated by the legislature, however it has not been funded. Hospitals would like to have a better understanding on how the newborn hearing screening process works and the effectiveness of the program on a longitudinal basis. He requested that Mr. Tom Mahoney respond to the concerns of the committee. Ms. Siskin questioned whether midwives are mandated to provide the newborn hearing screening for the children they deliver? Mr. Val Bateman, Utah Medical Association, stated that the responsibility is the parents to have the screening completed. Ms. Morawetz made a motion to adjourn. Ms. Siskin seconded. The MOTION PASSED unanimously.

Meeting adjourned at 11:15 a.m.

Helen Rollins, Chairperson

Debra Wynkoop, Executive Secretary